



03-01-10

Medicare Part D Formulary Change

The product changes noted below will be implemented on the Medicare Part D Plan for the following Express Scripts Medicare Part D clients:

Client Name	Rx Group Number
Commonwealth Care Alliance	CW2A

New Added Products: **Effective 04/01/2010**

Drug	Reason	Cost sharing	Restrictions
CHLOROTHIAZIDE SOD 500 MG VIAL	New Drug	Specialty Tier	
CICLOPIROX 1% SHAMPOO	New Drug	Generic Tier	
MORPHINE SULFATE 20 MG/ML SOLN	New Drug	Generic Tier	
MOZOBIL 20 MG/ML VIAL	New Drug	Specialty Tier	
NIZATIDINE 15 MG/ML SOLUTION	New Drug	Generic Tier	
PRAMIPEXOLE DI-HCL 0.125 MG TB	New Drug	Generic Tier	
PRAMIPEXOLE DI-HCL 0.25 MG TAB	New Drug	Generic Tier	
PRAMIPEXOLE DI-HCL 0.5 MG TAB	New Drug	Generic Tier	
PRAMIPEXOLE DI-HCL 1 MG TABLET	New Drug	Generic Tier	
PRAMIPEXOLE DI-HCL 1.5 MG TAB	New Drug	Generic Tier	
SUMATRIPTAN 6 MG/0.5 ML VIAL	New Drug	Generic Tier	QLL

Removed Products: **There are no product removals this month**

Cost Sharing Tier Updates: **Effective 03/01/2010**

Drug	New Tier	Previous Tier	Restrictions
INVEGA SUSTENNA 39 MG PREF SYR	Preferred Brand Tier	Specialty Tier	
INVEGA SUSTENNA 78 MG PREF SYR	Preferred Brand Tier	Specialty Tier	

Future Removed Products: **Effective 06/01/2010**

Eff Date	Drug	Reason	Alternative*
06/01/2010	ACULAR 0.5% EYE DROPS	Generic Added	KETOROLAC 0.5% OPHTH SOLUTION
06/01/2010	ACULAR LS 0.4% OPHTH SOL	Generic Added	KETOROLAC 0.4% OPHTH SOLUTION
06/01/2010	ACULAR PF 0.5% EYE DROPS	Generic Added	KETOROLAC 0.5% OPHTH SOLUTION
06/01/2010	PROGRAF 0.5 MG CAPSULE	Generic Added	TACROLIMUS ANHYDROUS 0.5MG CAP
06/01/2010	PROGRAF 1 MG CAPSULE	Generic Added	TACROLIMUS ANHYDROUS 1 MG CAP
06/01/2010	PROGRAF 5 MG CAPSULE	Generic Added	TACROLIMUS ANHYDROUS 5 MG CAP
06/01/2010	SUBUTEX 2 MG TABLET SL	Generic Added	BUPRENORPHINE 2 MG TABLET SL
06/01/2010	SUBUTEX 8 MG TABLET SL	Generic Added	BUPRENORPHINE 8 MG TABLET SL
06/01/2010	TRILEPTAL 300 MG/5 ML SUSP	Generic Added	OXCARBAZEPINE 300 MG/5 ML SUSP

*Consult your Medical provider for changes or recommendations to your medical care and prescription therapy

**Please consult the plan benefit design for copay/coinsurance amounts

***Indicates a restriction of Step Therapy, Prior Authorization or Quantity Level Limits may exist

[LA] = Limited Access, [PA] = Prior Authorization, [QLL] = Quantity Level Limit, [ST] = Step Therapy

Express Communications